

LABOR COMPLIANCE PROGRAM ANNUAL REPORT*Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects*Report for the reporting period 03/01/2010 to 06/30/2010
(mm/dd/yyyy) (mm/dd/yyyy)

1. Name of Labor Compliance Program (LCP) :

Humboldt County Labor Compliance Program

2. LCP I.D. Number (assigned by DIR):

2008.0616

3. Date of Initial Approval:

February 24, 2010

4. Contact person (include name, title, address, telephone, fax, and e-mail, if available):

Jennifer Jenkins, Supervising Planner

County of Humboldt

3015 H Street

Eureka, CA 95501

707.268.3795 (direct)

707.268.3792 (fax)

jjenkins@co.humboldt.ca.us

5. Did LCP perform any LC § 1771.5 enforcement activities during the 12 months in the reporting period?

Please check one:

☐ Yes

If Yes, proceed to item 6 on the next page

☒ NoIf No, complete the information below, sign the form and submit to DIR, Office of the Director, Attn: LCP Special Assistant,
455 Golden Gate Avenue, 10th Floor, San Francisco CA 94102

LCP-AR1

What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary)

Please send all future communication to the contact person listed in #4 above.

SUBMITTED BY:


Signature

Jennifer Jenkins, Supervising Planner
Name and Title

11/15/2010
Date